

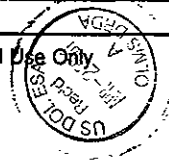
FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

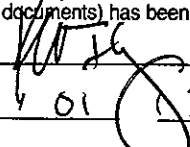
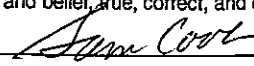
**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only 	1. FILE NUMBER 0 6 5 - 3 5 6	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 0 Through 1 2 3 1 2 0 0 0	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	IMPORTANT Peel off the address label from the back of the package and place it here. If the label information is correct, leave Items 4 through 8 blank. If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME HOTEL EMPLOYEES, RESTAURANT EMPLOYEES AFL-CIO		8. MAILING ADDRESS (Type or print in capital letters.) First Name K E N N E T H Last Name I L G P.O. Box • Building and Room Number (if any) Number and Street 9 1 0 0 V A L L E Y V I E W R O A D City M A C E D O N I A State ZIP Code + 4 O H 4 4 0 5 6 - 2 0 3 5	
5. DESIGNATION (Local, Lodge, etc.) LOCAL	6. DESIGNATION NUMBER 10		
7. UNIT NAME (if any)			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	* See Attached Schedule *

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED:  03 128 01 (330) 468 - 6800 Date Telephone Number	PRESIDENT (If other title, see instructions.)	77. SIGNED:  03 128 101 (330) 468 - 6800 Date Telephone Number	VICE PRESIDENT (If other title, see instructions.)

During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property?
(Answer "Yes" even if there has been repayment or recovery.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Liquidate or reduce any liabilities without disbursement of cash? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 1 5 9 1
19. What is the date of your organization's next regular election of officers? MO 0 4 YEAR 2 0 0 3
20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0 0
21. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>29-30</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>42-52</u>
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ <u>2</u> per <u>shift</u> (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? Yes ☐ No ☒
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ☒ ☐

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 0 6 5 - 3 5 6

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)			
	Item							
ASSETS	25. Cash.....			3 9 6 0 4	2 1 5 2 5			
	26. Accounts Receivable.....			1 0 0	1 0 0			
	27. Loans Receivable.....	1		0	0			
	28. U.S. Treasury Securities			0	0			
	29. Investments	2		0	0			
	30. Fixed Assets	5		2 0 2 0	2 3 1 1			
	31. Other Assets	3		5 6 5 4	2 9 8 7			
	32. TOTAL ASSETS			4 7 3 7 8	2 6 9 2 3			
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)			
	Item							
	33. Accounts Payable.....						3 1 0 8 3	5 4 0 1 3
	34. Loans Payable.....	8					0	0
	35. Mortgages Payable						0	0
	36. Other Liabilities	4					3 9 2 8 3	2 8 6 2 5
37. TOTAL LIABILITIES			7 0 3 6 6	8 2 6 3 8				
38. NET ASSETS (Item 32 less Item 37)			- 2 2 9 8 8	- 5 5 7 1 5				

STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 0 6 5 - 3 5 6

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS		From SCH #	AMOUNT	CASH DISBURSEMENTS		From SCH #	AMOUNT
Item				Item			
39. Dues			5 5 1 3 7 4	56. To Officers	9		1 0 3 4 7 4
40. Per Capita Tax			0	57. To Employees	10		5 7 6 4 8
41. Fees			1 2 6 7 8 2	58. Per Capita Tax			2 7 9 5 7 1
42. Fines			0	59. Fees, Fines, Assessments, etc.			0
43. Assessments			0	60. Office & Administrative Expense	13		8 7 3 8 3
44. Work Permits			0	61. Educational & Publicity Expense ...			1 9 9 3
45. Sale of Supplies			0	62. Professional Fees			3 3 1 9 8
46. Interest			8 6 1	63. Benefits	11		3 5 0 1 6
47. Dividends			0	64. Contributions, Gifts & Grants	12		2 1 2 5
48. Rents			1 0 7 6	65. Supplies for Resale			0
49. Sale of Investments & Fixed Assets	6		0	66. Direct Taxes			1 8 4 4 8
50. Loans Obtained	8		0	67. Withholding Taxes			5 8 3 4 7
51. Repayments of Loans Made	1		0	68. Purchase of Investments & Fixed Assets	7		7 5 0
52. On Behalf of Affiliates for Transmittal to Them			0	69. Loans Made	1		0
53. From Members for Disbursement on Their Behalf			0	70. Repayment of Loans Obtained	8		0
54. Other Receipts	14		4 9 3 2 0	71. To Affiliates of Funds Collected on Their Behalf			0
				72. On Behalf of Individual Members ...			0
				73. Other Disbursements	15		6 9 5 3 9
55. TOTAL RECEIPTS			7 2 9 4 1 3	74. TOTAL DISBURSEMENTS			7 4 7 4 9 2

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 0 6 5 - 3 5 6

Enter Amounts in Dollars Only — Do Not Enter Cents

SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
2. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
3. Name: _____ Purpose: _____ Security: _____ Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in <div style="display: flex; justify-content: space-between; width: 100%;"> <div> ↑ Item 27 Column (A) </div> <div> ↑ Item 69 </div> <div> ↑ Item 51 </div> <div> ↑ Item 75 with Explanation </div> <div> ↑ Item 27 Column (B) </div> </div>					

SCHEDULE 2 — INVESTMENTS (OTHER THAN U.S. TREASURY SECURITIES)

Description (A)	Amount (B)
Marketable Securities	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
Other Investments	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in _____ Item 29, Column (B)	

FILE NUMBER: 0 6 5 - 3 5 6

SCHEDULE 3 — OTHER ASSETS

Description (A)	Book Value (B)
1. Workers' Compensation Deposit	154
2. Rent Security Deposit	2,833
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 9 8 7
Enter the Total from Line 7 in _____ Item 31, Column (B)	

SCHEDULE 4 — OTHER LIABILITIES

Description (A)	Amount at End of Period (B)
1. Maureen O'Brien Severance	10,023
2. Maureen O'Brien Vacation	11,136
3. Kenneth Ilg Severance	1,850
4. Phone Lease 31 x 147.40	4,569
5. Fax Lease 14 x 74.82	1,047
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	2 8 6 2 5
Enter the Total from Line 7 in _____ Item 36, Column (D)	

SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 0 6 5 — 3 5 6

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment	25,628	23,317	2,311	
7. Other Fixed Assets				
8. Totals of Lines 1 through 7	25,628	23,317	2,311	
Enter the Total from Line 8, Column (D) in Item 30, Column (B)				

SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 0	
Enter the Total from Line 8 in Item 49				

SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 0 6 5 — 3 5 6

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1. Building & Door Signs	750	750	750
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5	750	750	750
	7. Less Reinvestments		
	8. Net Purchases		750
Enter the Total from Line 8 in ↑ Item 68			

SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1.					
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	0	0	0	0	0
Enter the Totals from Line 6 in ↑ Item 34 Column (C) ↑ Item 50 ↑ Item 70 ↑ Item 75 with Explanation ↑ Item 34 Column (D)					

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 0 6 5 - 3 5 6

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name 1. I L G	First Name K E N N E T H	4 8 6 0 0	0	2 8 1 3	0	5 1 4 1 3
Title P R E S - B U S M G R	Status C					
Last Name 2. C O O K	First Name S A M U E L	3 9 7 9 2	0	8 0 6	0	4 0 5 9 8
Title V I C E P R E S I D E N T	Status C					
Last Name 3. G A I N E S	First Name G W E N D O L	1 2 0 0	0	0	0	1 2 0 0
Title S E C T R E A S - E X B D	Status C					
Last Name 4. O B R I E N	First Name M A U R E E N	5 4 5 6 7	0	3 5 6	0	5 4 9 2 3
Title F I N S E C - T R E A S	Status P					
Last Name 5. F E R G U S O N	First Name R U B Y	1 1 0 0	0	6 1	0	1 1 6 1
Title R E C S E C	Status C					
Last Name 6. I L G	First Name M I S S Y	0	0	5 0	0	5 0
Title R E C S E C	Status P					
Last Name 7. H I C K S	First Name G E R A L D I	2 0 0	0	0	0	2 0 0
Title T R U S T E E	Status C					
8. Totals from additional pages (if any)		4,610	0	34	0	4,644
9. Totals of Lines 1 through 8		150,069	0	4,120	0	154,189
				10. Less Deductions 5 0 7 1 5		
Enter the Total from Line 11 in Item 56 ➡				11. Net Disbursements 1 0 3 4 7 4		

*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 0 6 5 - 3 5 6

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>					
(C) Name of Affiliated Organization <small>(if applicable)</small>					
1. Last Name: F A H R E R First Name: H O W A R D Position: S E V P A Y Name of Affiliated Organization:	1 6 5 5 1	0	0	0	1 6 5 5 1
2. Last Name: D I S A L V O First Name: J O H N Position: S E V P A Y Name of Affiliated Organization:	1 6 5 5 1	0	0	0	1 6 5 5 1
3. Last Name: I L G First Name: M I S S Y Position: E X E C A S S T Name of Affiliated Organization:	1 9 9 8 0	0	9 1	0	2 0 0 7 1
4. Last Name: First Name: Position: Name of Affiliated Organization:					
5. Last Name: First Name: Position: Name of Affiliated Organization:					
6. Totals from additional pages (if any)					
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates	21,008	0	203	0	21,211
8. Totals of Lines 1 through 7	74,090	0	294	0	74,384
9. Less Deductions			1 6 7 3 6		
Enter the Total from Line 10 in Item 57 ⇨			10. Net Disbursements 5 7 6 4 8		

SCHEDULE 11 — BENEFITS

FILE NUMBER: 0 6 5 — 3 5 6

Description (A)	To Whom Paid (B)	Amount (C)
1. Pension	International	16,674
2. Health & Welfare	Carrier	7,365
3. Medical & Prescription Coverage - Local 118	Carrier	8,999
4. Life Insurance - Local 118	Carrier	1,978
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		3 5 0 1 6
Enter the Total from Line 6		Item 63

SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS

Description (A)	Amount (B)
1. Charitable Organizations	500
2. Labor Organizations	350
3. Universal Health Care	250
4. Ohio Citizen Action	250
5. Maryville Academy	500
6. Other	275
7. Total from additional pages (if any)	
8. Total of Lines 1 through 7	2 1 2 5
Enter the Total from Line 8 in	
Item 64	

SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE

Description (A)	Amount (B)
1. ** SEE ATTACHED **	
2.	
3.	
4.	
5.	
6.	
7. Total from additional pages (if any)	87,383
8. Total of Lines 1 through 7	8 7 3 8 3
Enter the Total from Line 8 in	
Item 60	

**SCHEDULE 14 —
OTHER RECEIPTS**

Description (A)	Amount (B)
1. International Subsidy	29,924
2. Refund Security Deposit	2,667
3. International Reimbursement Internship Program	9,000
4. Refund Expenses	3,077
5. Refund Tickets	1,257
6. Grievance Settlements	3,333
7. Bank Adjustments	4
8. Returned Checks	58
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	4 9 3 2 0
Enter the Total from Line 17 in Item 54	

**SCHEDULE 15 —
OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. ** SEE ATTACHED **	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	69,539
17. Total of Lines 1 through 16	6 9 5 3 9
Enter the Total from Line 17 in Item 73	

ORGANIZATION NAME:
Hotel Employees, Restaurant Employees AFL-CIO

ENDING DATE OF PERIOD COVERED
December 31, 2000

FILE NUMBER: 065-356

PAGE 1 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)					
Last Name First Name R I C H U I S A F R A N K		1 2 0 0	0	1 0	0	1 2 1 0
Title E X E C B O A R D Status C						
Last Name First Name R I G S B Y H E N R Y		1 0 0 0	0	1 0	0	1 0 1 0
Title E X E C B O A R D Status C						
Last Name First Name B L A C K M O N C L A U D E T		9 0 0	0	0	0	9 0 0
Title E X E C B O A R D Status N						
Last Name First Name P R O K A S Y L A U R A		1 2 1 0	0	0	0	1 2 1 0
Title E X E C B O A R D Status N						
Last Name First Name K I N G V E R N E T T		1 0 0	0	0	0	1 0 0
Title E X E C B O A R D Status N						
Last Name First Name J O N A S J A N E		1 0 0	0	0	0	1 0 0
Title E X E C B O A R D Status N						
Last Name First Name A M A T A J O S E P H		1 0 0	0	0	0	1 0 0
Title E X E C B O A R D Status P						
Last Name First Name C R A N F I E L D R O D N E Y		0	0	0	0	0
Title T R U S T E E Status N						
Totals		4,610	0	20	0	4,630

ORGANIZATION NAME:
Hotel Employees, Restaurant Employees AFL-CIO

FILE NUMBER: 0 6 5 - 3 5 6

ENDING DATE OF PERIOD COVERED:
December 31, 2000

PAGE 2 OF 2 ADDITIONAL PAGES

SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Status (C)	Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>							
Last Name F I S H E R	First Name E L M E R		0	0	0	0	0
Title T R U S T E E	Status N						
Last Name R O D R I G U E Z	First Name E I L E E N		0	0	0	0	0
Title T R U S T E E	Status P						
Last Name S A N D E R S	First Name M A R Y		0	0	0	0	0
Title T R U S T E E	Status P						
Last Name L U D W I G	First Name C A R O L		0	0	14	0	14
Title T R U S T E E	Status P						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Last Name	First Name						
Title	Status						
Totals			0	0	14	0	14

HOTEL EMPLOYEES & RESTAURANT EMPLOYEES

LOCAL UNION #10

065-356

December 31, 2000

Page 1 - Line 75 - Additional Information

11	Hotel Employees & Restaurant Employees International Union Pension Fund (International Union Plans) 711 North Commons Drive Aurora, Illinois 60504-4197 Phone (630) 236-5100
	AFL-CIO Food & Beverage Dealer's Trust Fund 933 N. Summit Street Toledo, Ohio 43604 Phone (419) 244-8678
	Hospitality Industrial Benefits Fund 9100 Valley View Road Macedonia, Ohio 44056 # 34-6651829
14	Michael E. Cozza, CPA
16	Kenneth W. Ilg and Samuel Cook, Hotel Employees & Restaurant Employees International Union
24	Severance Plan for employees with one year or more seniority for Local 10. Potential liability as of December 31, 2000 is \$1,850.
Sch. 9 & 10	Missy Ilg was an employee 1-1-00, elected Recording Secretary 4-7-00 and removed 12-4-00.

HOTEL EMPLOYEES & RESTAURANT EMPLOYEES

LOCAL UNION #10

065-356

December 31, 2000

Schedule 13 - Office and Administrative

<u>Description</u> (A)	<u>Amount</u> (B)
Office Supplies & Expense	4,611
Insurance	489
Internet Service	503
Janitorial	1,535
Subscriptions	227
Lease Payment Fax Machine & Phone System	2,892
Maintenance-Office Equipment	1,578
Meetings	3,815
Pagers	85
Postage	4,894
Printing and Stationery	3,110
Operating Support	2,725
Immigration & Naturalization	610
Holiday Inn Attendance	138
Rent and Utilities	41,374
Returned Checks	58
Telephone	17,573
Bank Service Charges & Check Printing	287
Miscellaneous	1
Web Site Construction	472
Xmas Party for Union Stewards	31
Flowers & Gifts	320
Credit Card - Annual Fee	55
TOTAL	<u><u>\$87,383</u></u>

HOTEL EMPLOYEES & RESTAURANT EMPLOYEES

LOCAL UNION #10

065-356

December 31, 2000

Schedule 15 - Other Disbursements

<u>Description</u> (A)	<u>Amount</u> (B)
Reimbursements	1,857
Affiliation Fees	555
Alarm Service	391
Car Rental	128
Arbitrator Fee	1,056
Convention, Conference & Seminars	3,408
Contract Negotiations & Administration	6,532
Dues for Stewards & Other	14,392
Funeral Expense - Ed Hanley	2,411
Here Summer Internship Program	9,300
Installation of Officers	384
Local 10 Picnic	2,190
Organizing	2,861
Refunds & Reimbursements	4,106
Tickets & Ads	2,875
Union Summer Program	3,856
Settlement - Parker Imperial	2,809
Settlement - Aramark Ohio Track	1,070
Picnic Prizes	250
State Tax Overpayment	4
Payroll Deductions	<u>9,104</u>
TOTAL	<u>\$69,539</u>

